Company Tracking Number: AR-DPL-XS-0508

TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1007 Dentists - Oral Surgeons

Product Name: Health Care Professionals Rates and Rules Manual

Project Name/Number: DPL Excess Factors Filing/

Filing at a Glance

Company: The Medical Assurance Company, Inc.

Product Name: Health Care Professionals SERFF Tr Num: PCWA-125537324 State: Arkansas

Rates and Rules Manual

TOI: 11.1 Medical Malpractice - Claims Made SERFF Status: Closed State Tr Num: EFT \$100

Only

Sub-TOI: 11.1007 Dentists - Oral Surgeons Co Tr Num: AR-DPL-XS-0508 State Status: Fees verified and

received

Filing Type: Rate Co Status: Reviewer(s): Betty Montesi, Edith

Roberts, Brittany Yielding

Author: LaQuita Goodwin Disposition Date: 03/14/2008

Date Submitted: 03/13/2008 Disposition Status: Filed

Effective Date Requested (New): 05/01/2008 Effective Date (New): Effective Date Requested (Renewal): 05/01/2008 Effective Date (Renewal):

State Filing Description:

Note rate change, increased llimits factors for two classes only.

General Information

Project Name: DPL Excess Factors Filing Status of Filing in Domicile: Not Filed

Project Number: Domicile Status Comments: None

Reference Organization: None Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 03/14/2008
State Status Changed: 03/14/2008
Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Dental Excess Factors Filing

Company and Contact

Company Tracking Number: AR-DPL-XS-0508

TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1007 Dentists - Oral Surgeons

Product Name: Health Care Professionals Rates and Rules Manual

Project Name/Number: DPL Excess Factors Filing/

Filing Contact Information

LaQuita Goodwin, Compliance Specialist Igoodwin@proassurance.com 100 Brookwood Place (205) 877-4426 [Phone]

Birmingham, AL 35209 (205) 414-2887[FAX]

Filing Company Information

The Medical Assurance Company, Inc.

CoCode: 33391

State of Domicile: Alabama

100 Brookwood Place Group Code: 2698 Company Type: Property &

Casualty

Birmingham, AL 35209 Group Name: ProAssurance State ID Number: 03

(205) 877-4426 ext. [Phone] FEIN Number: 63-0720042

Filing Fees

Fee Required? Yes

Fee Amount: \$100.00

Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

The Medical Assurance Company, Inc. \$100.00 03/13/2008 18590460

Company Tracking Number: AR-DPL-XS-0508

TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1007 Dentists - Oral Surgeons

Product Name: Health Care Professionals Rates and Rules Manual

Project Name/Number: DPL Excess Factors Filing/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Edith Roberts	03/14/2008	03/14/2008

SERFF Tracking Number: PCWA-125537324 State: Arkansas

Filing Company: The Medical Assurance Company, Inc. State Tracking Number: EFT \$100

Company Tracking Number: AR-DPL-XS-0508

TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1007 Dentists - Oral Surgeons

Product Name: Health Care Professionals Rates and Rules Manual

Project Name/Number: DPL Excess Factors Filing/

Disposition

Disposition Date: 03/14/2008

Effective Date (New):

Effective Date (Renewal):

Status: Filed Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
			Program:				
The Medical Assurance Company, Inc.	0.000%	\$0	0	\$8,062	0.000%	0.000%	0.000%

Company Tracking Number: AR-DPL-XS-0508

TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1007 Dentists - Oral Surgeons

Product Name: Health Care Professionals Rates and Rules Manual

Project Name/Number: DPL Excess Factors Filing/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property Casualty	&Filed	Yes
Supporting Document	NAIC Loss Cost Filing Document for OTHER than Workers' Comp	Filed	Yes
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Form PROMAL	Filed	Yes
Supporting Document	Form PRONOT	Filed	Yes
Supporting Document	AR DPL Analysis	Filed	Yes
Rate	DPL Excess Factors Rate Page	Filed	Yes

SERFF Tracking Number: PCWA-125537324 State: Arkansas

Filing Company: The Medical Assurance Company, Inc. State Tracking Number: EFT \$100

Company Tracking Number: AR-DPL-XS-0508

TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1007 Dentists - Oral Surgeons

Product Name: Health Care Professionals Rates and Rules Manual

Project Name/Number: DPL Excess Factors Filing/

Rate Information

Rate data applies to filing.

File and Use

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 5.200%

Effective Date of Last Rate Revision: 05/01/2006

Filing Method of Last Filing: File and Use

Company Rate Information

Company Name:	Overall %	Overall % Rate	Written	# of Policy	Premium:	Maximum %	Minimum %
	Indicated	Impact:	Premium	Holders		Change (where	Change (where
	Change:		Change for	Affected for this		required):	required):
			this	Program:			
			Program:				
The Medical Assurance	0.000%	0.000%	\$0	0	\$8,062	0.000%	0.000%

Company, Inc.

SERFF Tracking Number: PCWA-125537324 State: Arkansas Filing Company: State Tracking Number: EFT \$100 The Medical Assurance Company, Inc.

Company Tracking Number: AR-DPL-XS-0508

TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1007 Dentists - Oral Surgeons

Product Name: Health Care Professionals Rates and Rules Manual

Project Name/Number: DPL Excess Factors Filing/

Rate/Rule Schedule

Review Status: Exhibit Name: Rule # or Page Rate Action **Previous State Filing Attachments** #:

Number:

Filed **DPL** excess factors DPL Excess Factors Replacement Page 35 AR-PC-06-017681

> Rate Page rate page eff 5-1-

> > 08.PDF

C. Excess Limits Premium Factors

Excess limits premium shall be derived by applying the appropriate factor below to the appropriate primary rate. Excess limits are only offered above underlying limits of \$1,000,000.

\$1M/\$3M Primary

	<u> </u>
EXCESS	Dentists/
LIMITS	Oral Surgeons
\$1M	0.0480
\$2M	0.0960
\$3M	0.1450
\$4M	0.1935
\$5M	0.2225

These factors are based upon negotiated reinsurance agreements. Deviation from these factors up to 25% based upon negotiated agreements with reinsurers and/or underwriting judgment may apply.

SERFF Tracking Number: PCWA-125537324 State: Arkansas
Filing Company: The Medical Assurance Company, Inc. State Tracking Number: EFT \$100

Company Tracking Number: AR-DPL-XS-0508

TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1007 Dentists - Oral Surgeons

Product Name: Health Care Professionals Rates and Rules Manual

Project Name/Number: DPL Excess Factors Filing/

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Filed 03/14/2008

Property & Casualty

Comments:

Attachment:

DPL excess Transmittal.PDF

Review Status:

Bypassed -Name: NAIC Loss Cost Filing Document Filed 03/14/2008

for OTHER than Workers' Comp **Bypass Reason:** N/A

Comments:

Review Status:

Bypassed -Name: NAIC loss cost data entry document Filed 03/14/2008

Bypass Reason: N/A - Company doesn't believe this form is required since only the dental excess factors are

changing.

Comments:

Review Status:

Bypassed -Name: Form PROMAL Filed 03/14/2008

Bypass Reason: N/A

Comments:

Review Status:

Bypassed -Name: Form PRONOT Filed 03/14/2008

Bypass Reason: N/A

Comments:

Review Status:

Satisfied -Name: AR DPL Analysis Filed 03/14/2008

Comments:

Company Tracking Number: AR-DPL-XS-0508

TOI: 11.1 Medical Malpractice - Claims Made Only Sub-TOI: 11.1007 Dentists - Oral Surgeons

Product Name: Health Care Professionals Rates and Rules Manual

Project Name/Number: DPL Excess Factors Filing/

Attachment:

AR Dentists Analysis eff 5-1-08.pdf

Property & Casualty Transmittal Document

1.	Reserved for Insurance	2. In	surai	nce De _l	partment	Use	only			
	Dept. Use Only				e the filing is received:					
	b. Ana				lyst:					
					position:					
		d. Da	te of	disposit	ion of the	filing	g:			
				e date o			,			
		 		ew Bus						
					Business					
		f. Sta	te Fil	ling #:						
		g. SE	RFF	Filing #	: PCWA-	-125	5537324			
		1		Codes						
3.	Group Name								Group NAIC #	
	ProAssurance Group								2698	
4.	Company Name(s)		Don	nicile	NAIC#		FEIN#		State #	
	The Medical Assurance Compa	any, Inc.	AL		33391		63-0720042			
_										
	O Turaliin - Niumbau				DI VO 05	00				
5.	Company Tracking Number			AR-D	PL-XS-05	08				
	ntact Info of Filer(s) or Corporate			lude toll	-free numb	er]				
Cor 6.	Name and address	Title		Telep	hone #s		FAX#		e-mail	
	Name and address LaQuita B. Goodwin	Title Complia	nce	Telep			FAX # 5-414-2887	_	dwin@proassuran	
	Name and address LaQuita B. Goodwin 100 Brookwood Place	Title	nce	Telep	hone #s			lgood ce.co	dwin@proassuran	
	Name and address LaQuita B. Goodwin	Title Complia	nce	Telep	hone #s			_	dwin@proassuran	
	Name and address LaQuita B. Goodwin 100 Brookwood Place	Title Complia	nce	Telep	hone #s			_	dwin@proassuran	
6.	Name and address LaQuita B. Goodwin 100 Brookwood Place Birmingham, AL 35209	Title Complia	nce	Telep 205-8	hone #s 77-4426	205	5-414-2887	_	dwin@proassuran	
	Name and address LaQuita B. Goodwin 100 Brookwood Place	Title Complia	nce	Telep 205-8	hone #s 77-4426	205		_	dwin@proassuran	
6.	Name and address LaQuita B. Goodwin 100 Brookwood Place Birmingham, AL 35209	Title Complia Specialis	nce	Telep 205-8	hone #s 77-4426	20t	5-414-2887	_	dwin@proassuran	
7. 8.	Name and address LaQuita B. Goodwin 100 Brookwood Place Birmingham, AL 35209 Signature of authorized filer Please print name of authorized	Title Complia Specialis	nce	Telep 205-8	none #s 77-4426 Luta ta B. Good	20s	5-414-2887 Looduin	_	dwin@proassuran	
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Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # AR-DPL-XS-0508

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Please find enclosed for your review and approval the revisions to the dental excess factors, based on our current, negotiated reinsurance contract, for the Health Care Professionals Rates and Rules Manual for Medical Assurance. I request the effective date of May 1, 2008 for this filing submission.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: Submitted by EFT

Amount: \$100.000

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PC TD-1 pg 2 of 2

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms) (Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			[] New [] Replacement [] Withdrawn		
02			[] New [] Replacement [] Withdrawn		
03			[] New [] Replacement [] Withdrawn		
04			[] New [] Replacement [] Withdrawn		
05			[] New [] Replacement [] Withdrawn		
06			[] New [] Replacement [] Withdrawn		
07			[] New [] Replacement [] Withdrawn		
08			[] New [] Replacement [] Withdrawn		
09			[] New [] Replacement [] Withdrawn		
10			[] New [] Replacement [] Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate &

Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.) (Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This fil	ling transmitt	al is part of	Company	Tracking #	AR	R-DPL-XS-0	508	
2.	2. This filing corresponds to form filing number (Company tracking number of form filing, if applicable)								
	□ Rate Increase □ Rate Decrease ⊠ Rate Neutral (0%)								
3.	Filing	Method (Prior	Approval,	File & Use,	Flex Band,	etc.)	File and	Use	
4a.		•	Ra	te Change k	y Company	y (As	Proposed)		
	npany	Overall %	Overall	Written	# of		Written	Maximu	m Minimum
Na	ame	Indicated	% Rate	premium	policyholo		premium	%	% Change
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	rance								
Inc.	pany,								
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The Medical Assurance Company, Inc.

Dental Professional Liability Filing Memorandum

Arkansas

This memorandum and the attached exhibits summarize a revision to dental professional liability rates for The Medical Assurance Company, Inc. (TMAC), in the state of Arkansas. The overall impact of this rate filing is 0.0%. The proposed effective date for this change is 5/1/2008.

The filing includes revisions to excess factors based on our current, negotiated reinsurance contract.

Exhibit 1 - Dentists Excess Factors Rate Impact

Shows the calculation of the rate impact for the dentists excess factor change.

Exhibit 2 - Dentists Excess Factors

Shows the revised dentists excess factors.

The Medical Assurance Company, Inc. Dental Professional Liability

Dentists Excess Factors Rate Impact

Excess <u>Limits</u>	Percent <u>Policy</u>	Current <u>Factor</u>	Proposed <u>Factor</u>	Proposed Percent <u>Change</u>
\$1M	0.00%	0.1373	0.0480	-65.00%
\$2M	0.00%	0.2197	0.0960	-56.30%
\$3M	0.00%	n/a	0.1450	0.00%
\$4M	0.00%	n/a	0.1935	0.00%
\$5M	0.00%	n/a	0.2225	0.00%
Primary	100.00%			0.00%
Total				0.00%

The Medical Assurance Company, Inc. Dental Professional Liability

Dentists Excess Factors

Excess Limits Premium Factors

Excess limits premium shall be derived by applying the appropriate factor below to the appropriate primary rate for limits above \$1M/\$3M primary.

Excess	
<u>Limit</u>	Factor
\$1M	0.0480
\$2M	0.0960
\$3M	0.1450
\$4M	0.1935
\$5M	0.2225

These factors are based upon negotiated reinsurance agreements. Deviation from these factors up to 25% based upon negotiated agreements with reinsurers and/or underwriting judgment may apply.